

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY – DIVISION OF PENSIONS AND BENEFITS
SUPPLEMENTAL ANNUITY COLLECTIVE TRUST OF NEW JERSEY
 PO Box 295, Trenton, New Jersey 08625-0295
DISTRIBUTION FORM

COMPLETE THIS FORM ONLY IF YOU HAVE SELECTED AN OPTION #2, LUMP SUM SETTLEMENT: This form is not required if you selected Annuity Options 1,3,4,5, or 6.

Name: _____ Soc. Sec. #: _____
 Address: _____ Date of Birth: _____ Sex: M / F
 _____ Telephone #: _____
 _____ Ret. System & #: _____
 _____ Retirement Date: _____

PART 1 – Designate your payment choice for each of your SACT types. Make (1) selection for each of your SACT accounts.

A. SACT REGULAR – A check will be issued to you for the amount of your contributions to the plan. No taxes will be deducted from these contributions.

_____ DIRECTLY TRANSFER _____% or \$_____ (\$500 minimum) of the amount qualified for rollover with any remaining balance paid to me. Please complete PART 2 of this form.

or

_____ PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20% federal tax will be withheld. (The check stub will provide detailed information for income tax reporting. This amount will be included in the check representing your contributions.)

B. SACT TAX SHELTER

_____ DIRECTLY TRANSFER _____% or \$_____ (\$500 minimum) of the amount qualified for rollover. Please complete PART 2 of this form.

or

_____ PAY DIRECTLY TO ME the amount qualified for rollover. I understand 20% federal tax will be withheld. (The check stub will provide detailed information for income tax reporting.)

C. SACT QVEC – Direct Transfers not permitted.

_____ Withhold federal tax per IRS schedule

or

_____ Do not withhold tax.

PART 2 – Complete this section only if you have selected a direct transfer option above.

DIRECT MY TRANSFER TO MY ESTABLISHED: (Check one.)

_____ IRA

or

_____ EMPLOYER DEFINED CONTRIBUTION PLAN

Name of Plan _____

Mailing Address _____

PART 3 – I hereby authorize the New Jersey Division of Pensions and Benefits, Supplemental Annuity Collective Trust to distribute my funds as directed above.

Date

Signature